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DRAWING THEM IN: PHLEBOTOMIC PEDAGOGY

by

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A THESIS

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DRAWING THEM IN: PHLEBOTOMIC PEDAGOGY

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This thesis employs a critical analysis of phlebotomy, or drawing blood, to serve as a lens through which to examine pedagogy, power, and student vulnerability in first-year composition courses. Palpable similarities exist between the teacher of composition and the drawer of blood, and this comparison reveals the normalized but troubling power dynamics housed in medical and educational institutions. Furthermore, this thesis examines the resulting dynamics produced by the institutional power imbalance in both the first-year writing classroom and the blood draw. These dynamics primarily include, but are not limited to intimacy, terror, and aggression. Through an analysis of the first-year writing classroom as similar to the blood draw, this thesis outlines a new kind of teaching persona of teacher/phlebotomist, which wonders about the potential fruitfulness of viewing the teaching of writing as akin to drawing blood: an intimately and intensely personal social transaction or set of actions that necessarily demand great vulnerability from the one without institutional power. By engaging a conscious realization of student vulnerability as they are asked to reconceive their writing (and selves), the power dynamics might be disrupted in a potentially productive way.

Before beginning my graduate education in composition, I drew blood for a living. During my tenure as a phlebotomist, I grew closely acquainted with the complex and vibrant social dynamics that surround blood draws, like terror, intimacy, aggression, and vulnerability. In the fall of 2017, my first semester of teaching first-year writing began. As I taught and took graduate courses, I started linking the powerful overlaps and connections between the teacher of composition and the drawer of blood. Both jobs require the employed to come into contact with the personal boundaries that border students and patients. Both jobs require one party to make personal disclosures, be that blood or writing, in ways the other does not. Both have to negotiate power and its multifaceted machinations that imbue shared institutional space. Both are socially loaded through complex systems of relation.

My teacher persona is firmly grounded in my identity as teacher *and* as phlebotomist. Because of this dual identity, I constantly question the forces at work in my classroom, based on my experience drawing blood. In addition to shaping my self-concept as a writing teacher, this phlebotomic experience significantly informs how I relate to my students and how I hold them in my mind. Furthermore, the practice of phlebotomy engendered myriad ethical and theoretical questions about the relationship between my patients and I, and these questions tried to account for the reality of the full-bodied power, vulnerability, and responsibility that live in the space of a blood draw. These considerations now inform and inspire my pedagogical commitments.

This thesis works to understand the generative potential of viewing writing teachers through a phlebotomic lens; this comparative lens seeks to better

understand pedagogical power and what forces move in the space of the first-year writing classroom. I draw out the ethical and theoretical connections between practicing phlebotomy and teaching first-year writing classes. To begin, it is important to establish why phlebotomy is a topic worthy of investigation in the field of composition. From a critical theory standpoint, phlebotomy is a social practice housed in the biomedical institution at large, and its norms and standard practices go largely unexamined. When one considers the multiple dynamics at play in a blood draw – the power differential, the implicit aggression and intimacy in the act of puncturing and taking blood from another, the forced vulnerability of the patient – phlebotomy is ripe for critical analysis. It is necessary to excavate and illuminate the blood draw's loaded forces for a richer comparison to pedagogy.

Throughout this thesis, I engage critical theorists and composition scholars to consider the implications of power, biopolitics, and embodiment that operate in both a first-year writing classroom and blood draw. Primarily, this thesis addresses the particular dynamic that is produced by two people unequally positioned in power where one-sided, personal disclosures are common, but not always reciprocated. I ask how teachers and phlebotomists recursively, but unintentionally, enact aggression or cruelty; I theorize how teachers' and phlebotomists' unconscious feelings of guilt and shame surrounding the masked aggressiveness of their work might manifest. The manifestation of guilt and shame are most visible in the use of two defense mechanisms: claims of exceptional pedagogical and blood drawing talent, and shifting blame to patients or students for bad experiences. Also central to this analysis is an understanding

of the positional vulnerability (vulnerability produced specifically by hierarchical power dynamics) of students and patients in these social settings, and the resulting fear and anxiety that surround the acts of drawing blood and sharing writing. However, it is important to note that positional vulnerability is not the same as powerlessness.

Next, I examine what kinds of intimacy are at play in both the blood draw and the first-year writing classroom, and how this intimacy contributes to the loaded nature of both spaces. By utilizing Audre Lorde's notion of erotics as a kind of intuitive self-trust and commitment to authenticity, I wonder how teachers of writing can pay close attention to the movement of relationality in their classrooms. Throughout my inspection of various dynamics shared between the first-year writing classroom and the blood draw, I reflect on a potentially generative habit of mind – considering teachers of first-year writing as teacher/phlebotomists. Teacher/phlebotomist is a mindset from which to carefully attend to the dynamics at play in a first-year composition classroom; the value in the persona of teacher/phlebotomist primarily lies in its feminist configurations of consciousness, care, and responsibility when two people are unequally situated in power. The ultimate call of this thesis, as well as this potential pedagogical stance of teacher/phlebotomist, asks teachers of writing to more fully acknowledge and consciously consider their powerful positionality within writing classrooms alongside their students' vulnerability.

Before I historically situate the practice of phlebotomy, I offer a few brief notes of clarification. First, when I refer to and discuss power in this thesis, I do not mean to suggest that power is fixed or stable; I recognize that it moves

unpredictably and cannot be permanently or physically held. Rather, when I write about power I am referring to the particular power dynamics are institutionally supported, socially created, or generally perceived in the writing classroom and blood draw. Secondly, even though this thesis works through the dynamics that exist with teachers, phlebotomists, students, and patients, it primarily theorizes and speaks to teachers as phlebotomists, not students as patients. An examination of students as patients, while profoundly interesting to me, is not a position I can speak from as acutely as I can in this particular moment as I teach first-year writing. In future scholarship when I reflect on the potential configuration of student as patient, I would want to conduct student interviews, and ensure I thoughtfully considered potential problematics of classifying students in such a way. At this time, it would not necessarily be appropriate to position students as patients; I do not claim they are the same. However, I argue that it is responsible to claim that students and patients share a similar kind of institutionalized vulnerability, but that vulnerability likely manifests itself differently for each position. In my mind, the connections between phlebotomist and writing teacher need the space of a thesis to be thought through.

Finally, when I claim that the unequal power dynamic in writing classrooms and blood draws is influenced by one-sided personal disclosures that are often unreciprocated, I do not mean to suggest that writing teachers never share their own writing with their students. Rather, I mean that *even when* writing teachers share writing with students, *even when* teachers try to queer the power imbalance at play, the unequal power dynamic and inherent vulnerability

of student disclosures are not mitigated. In *Teaching Queer: Radical Possibilities for Writing and Knowing*, Stacey Waite examines this vexing issue of structured power in a writing classroom, even when she wants the dynamics to be queer, or fluid, “elastic,” or “changing.” She writes: “I, after all, make the syllabus, design assignments, ask students to perform within the parameters that I define... And though I confess to not always being comfortable setting these parameters, or giving grades as a response to how well students might follow these parameters, I do these quite un-queer tasks in the confines of the institution that disciplines both me and my students” (36). Though Waite, and many composition scholars, want to queer the space and disrupt commonly-held notions of power in the classroom, institutional power can still be found in the structured reality of the course: Waite “make[s] the syllabus, design[s] assignments, ask[s] students to perform within [her] parameters.” The power of structural choice (or modification, really) is there, and everyone can feel it.

To lay the groundwork for using phlebotomy as a comparative lens to composition, a brief historical and political tracing of the blood draw’s beginning is necessary. Phlebotomy exists, and has existed in different forms for hundreds of years, as an exquisitely complicated social practice, where one person in a position of power has almost complete control over an excruciatingly delicate action that is done to another. One actor literally operates a kind of weapon against another who is not similarly armed. Due to these situated dynamics of power, the space of a blood draw is full of social tension, not to mention the specters of what can go wrong when a needle is in someone’s arm.

The practice of drawing blood can be found throughout several periods of history. Medieval practices of bloodletting were designed around Hippocrates' development of humoral theory. Humoral theory, or the idea that four main humors make up a person's internal composition, suggested that blood, yellow bile, black bile, and phlegm established one's temperament, personality, and general health (Jong Kuk 322). Specific humors and dispositions were considered linked, and particular veins were thought to be direct pathways that affected bodily functions and organs. When someone was sick, they were bled. Tony Hunt, an Anglo-Norman medieval medical scholar, provides examples of medical remedies, hidden in the body, tapped by needles:

Those [veins] in the forehead may be used to improve the complexion, against morphea, freckles, scabies, and complaints of the head and eyes ... [veins] in the lips for complaints of the bladder and swelling of the gums; [veins] in the roof of the mouth for toothache.

(312)

Beyond bloodletting for improving a patient's health, phlebotomy was actually used as punishment in the Ancient Roman military. Medical theorist and physician Theodore Dalrymple explains, "The ancient Romans... practiced phlebotomy on delinquents in the army, on the grounds that all who misbehaved were ill" (619). In this example, drawing blood was a means to an end – maintaining obedient, healthy soldiers. (When a person has less than the ideal amount of blood circulating, they, obviously, have less energy with which to misbehave or resist.) Thus, phlebotomy has been used as a weapon of control, not

only to prevent misbehavior, but also to maintain a fighting force, to keep the defenders of the polis healthy and able-bodied to protect the state.

Bodies were thought to be essentially controllable through prescribed physical manipulation. The politics of embodiment here are palpable, locating dispositions, personality characteristics, and hidden solutions to illnesses in a person's body, balanced by proper regulation of blood. In the examples I outlined, bloodletting was classified as a strategy for controlling a citizen's health – in attempt to make them well and in attempt to make them behave. In Michel Foucault's definition of biopolitics: "an explosion of numerous and diverse techniques for achieving the subjugations of bodies and the control of populations," (140) drawing blood is one such technique. The biopolitical implications here cannot be understated – bloodletting operated as a tool under the wide banner of health to subdue and control citizens.

It is possible to track this medical practice throughout the development of the Western world to today, where it phlebotomy is still used biopolitically as a way to try to find the "truth" in a body. Modern day medical orders for blood labwork is a continuation of Michel Foucault's will to truth: an attempt to *know* exactly how much of what is running through a body, and to track it. Jeffery P. Bishop's book, *The Anticipatory Corpse: Medicine, Power, and the Care of the Dying*, employs this Foucauldian lens to trace and critique the relationship between power and the medical institution (past and present) at large. He writes,

After all, as Foucault would claim, the task of good health is first a task of good government... Science must penetrate the body in order to know how to

manipulate body and psyche, for their own good, no
doubt, but also for the good of the body politic. (24)

Phlebotomy, under the guise of health and balance, was chiefly a tool of manipulation and control (as was school and formalized education). Bishop's perspective expands this frame, and contends that this drive for medical progression has been located in the manipulation of bodies. He claims: "For Western medicine, and perhaps for all of scientific and technological thinking, the important problem in the medical world is how to manipulate the body or the psyche in order to get the effects we desire" (21). In these cases, with Roman and medieval medical understandings, this kind of biopolitical aim can be found in scientific literature essentially as roadmaps to bodily control; if one presses this, bleeds that, they can control a body. Because bloodletting was believed to restore a responsible disposition to delinquents, its puncturing was utilized to keep military order through subdued soldiers. Beyond the military, citizens must be healthy in order to be productive and efficient workers within a state.

Tracing the history of phlebotomy is an effective way to track the biopolitical progression of states as they attempt to regulate and document citizens. But Bishop's text goes further. He suggests that while biopolitics is still the underbelly of our governments, the real power – invisible and unscrutinized – is now in the professions of "helpers." And although "power no longer manifests itself in the direct subjugation of the body [like bloodletting] those in power still control bodies through more subtle means" (Bishop 37). Common medical practices, like modern day blood draws, are not insignificant and are hidden

inside the medical institution itself, which is protected by powerful norms and their subsequent invisibility. Bishop explains that

Power is dispersed away from the government and moved into extragovernmental structures of governance... Thus, the governance of the body... becomes more subtle; it is almost unrecognizable as power because it has been internalized. This power resides in the hands of those helping professions, those whose disciplines are to help care for people... Or, as Foucault might say, these professions exert disciplinary power; they discipline the body and soul. (251).

Because those in the “helping professions,” are positioned as caretakers, biopolitical power is not commonly associated with them. This means that their practices, norms, and rationales often go unbuffered. Regularized, routine, and troubling practices that privilege efficiency and liability protection discipline the space of the hospital, the body in the hospital, the personal information one is asked to give in a hospital. With these forms of discipline, as well as current medical technologies that move within a body and manipulate it (think pacemaker, surgical mesh, vena cava filter) the medical profession is saturated with power.

The specific kind of phlebotomic practice to which I am referring is located at the intersection of neoliberal biopolitics and the powerful medical institution at large. If, as Bishop suggests, “... medicine has become thoughtless... primarily

about pragmatic doing and efficient control, ordered to utilitarian maximization and its own practicality,” (22) then blood draws are both biopolitical, regulatory tools *and* extensions of the neoliberal prioritization of capitalism. Within the medical institution as a disciplining system, a common aim is to complete as many blood draws a day as possible, and not have empty beds. Modern day college education operates under the same sort of neoliberalism. An administrative aim of colleges and universities in this historical moment is to achieve “utilitarian maximization” – get as many students in classes as possible, demand rigorous publication quotas from faculty, cut academic programs that do not win grants or attract throngs of students. This neoliberal bent speaks to a disciplinarian kind of “pragmatic doing... concerned with [the institution’s] own practicality.” Universities, clinics, and hospitals that focus on efficiency and profitability do harm to patients, students, teachers, and medical professionals by focusing on the business, the institution, rather than the people in its care. But what is good for capitalism is good for control.

I wager that attention is needed in the minutest of practices – exchanges protected from scrutiny by the weight and systemic power of the symbolic medical institution – like the blood draw. This practice of attempting to control and regulate bodies through medical practice exists pervasively today, perhaps especially in the small, completely normalized practices within the medical field. But it seems clear that Foucault’s notion of will to truth has not slowed, indeed it has dramatically sped up, all underneath the banner of medical necessity and progress. It is important to note that formalized education also has advanced under this same banner of progress, under similar disciplinary justifications.

As minute, regulatory medical practices continue, various justifications are utilized to explain phlebotomy's necessity. One particular point of rationale can also be found in composition studies. The pain or discomfort of a blood draw is often justified as a means to an end; blood draws help a person achieve health and wellness, so the discomfort is worth it. The phrase "it's good for you" comes to mind. The ties to teaching here are palpable. It's common to hear writing teachers talk about the difficulty of certain readings or writing projects, while reassuring students that it will be beneficial, it will be productive. The idea that there is something generative about sitting with, or working through discomfort is sometimes called productive discomfort. Feminist scholar Maria do Mar Pereira explores this concept and introduces the term *didactic discomfort* in her article "Uncomfortable Classrooms, Rethinking the Role of Student Discomfort in Feminist Teaching." Pereira defines didactic discomfort as

intellectual and/or emotional discomfort felt by students, which is triggered directly or indirectly by the material covered and/or methods deployed in a course, and is perceived by teachers (and often also by the students themselves) as an experience that can enable or generate learning. (129)

Pereira interviewed students in a feminist studies course about the emotions they experienced while taking the class. Entirely informed by the students' responses, she writes "being confronted with teaching that compels one to 'change [one's] entire outlook on knowledge and life in general' is... 'not easy': it can be 'painful', drive one 'mad', make one feel 'empty', 'stupid' and 'confused'" (130). Though

Pereira's subject of analysis is feminist studies, which certainly overlaps with composition, this experience of "being confronted with teaching that compels one to 'change [one's] entire outlook on knowledge" parallels first-year writing classes, particularly those that enact feminist, critical race, or queer pedagogies.

Most writing teachers and phlebotomists have a considerable amount of freedom over how they work. Teachers are able to test out different pedagogical strategies to find the most effective ones for their educational goals. And sometimes, in classes that believe in re-seeing conceptions of others and self, those pedagogical strategies rely on productive discomfort in their students. In a similar way, phlebotomists attempt blood draws in various places around the body, relying on various types of veins, often painfully, until they are able to complete their task of drawing blood. As is said, the ends justify the means. "Knowing" one's health – a biopolitical un-reality: any fixed and firm truth of the body is impossible, the body is permanently in flux – is worth it; being educated and learning to write well is worth it.

While blood draws are actions that physically cause pain by literal violence, composition classrooms might house a less obvious and less literal form of violence. Stacey Waite discusses her own discomfort with the institutional power structures of the classroom and how she and her students are bound up in them:

... part of my challenge (as a teacher interested in the queering of teaching itself) is to identify those less apparent moments of violence—moments, without my knowing, in which my norms (my syllabus, my

assignments, my set of assumptions about my students) might do their own version of violence. (36)

Even scholars that practice queer pedagogies struggle with the ways their values and actions might contradict in the classroom. Critical pedagogies necessarily ask students to engage that which might be painful, often in service of disrupting stable, knowable notions of ourselves and the world. Wait acknowledges that this requires that students take the risk to be open to a kind of world shattering so that new knowledge, complex knowledge can take its place. She writes about one student's reaction to Peggy McIntosh's "White Privilege: Unpacking the Invisible Knapsack":

The student's discussion of... being "bummed out" if what McIntosh says is true is a real sense of loss for this student. If he reads the essay in a way that allows his version of equality to be challenged, he loses something: his own sense of "success," which is important to him... By assigning this essay, by bringing to class a contradictory identity, a moveable body, I put my students at risk. I ask them to purposely put their realities in danger and, in a sense, to embrace that danger. This is no small task... (47)

First-year writing classes do ask students to "put their realities in danger" and risk loss as writing teachers encourage a second look, a re-vision, a suspension of assumption. First-year writing classes often teach students to utilize new ways of thinking about themselves and knowledge through writing; these new ways of

thinking and writing indeed can make students uncomfortable, and often fearful. Composition scholar Sally Chandler's "Fear, Teaching Composition, and Students' Discursive Choices: Re-thinking Connections between Emotions and College Student Writing" addresses the varied emotions experienced by students in first-year writing classes. Chandler explains that

Student fear and loss of confidence are perennial issues in composition classrooms. Because writing is bound to conceptions of self, pressure to change the way students write challenges the self engendered by the discourse marked for correction. As a result, students required to change the way they write often encounter intense internal conflict... (60)

When students receive feedback on their writing, the internal message received can communicate that the self that produced the writing also needs correction. Therefore, it follows that a kind of subtle pressure might be felt by students to change themselves, due to the notion that how one writes is thoroughly bound up with how one understands oneself. Furthermore, classes that enact critical, feminist, and queer pedagogies, where interrogating identity is commonplace, often explicitly encourage a rethinking of self through writing and critical reflection. Waite explains this pressure, risk, and potential loss further:

Students, like everyone, have visions of the world, have visions of themselves inside it. And when they come into contact with texts/bodies/ideas that do not fit that vision, there can be great risk for them; they...

can lose some version of themselves they hold dear,
 can experience great loss. (47)

I wonder what might be the potential implications of this kind of loss, this sustained endurance of something akin to pain. Along with Waite, Pereira's scholarship indicates that the results are often positive:

By fostering an estrangement from, or reappraisal of,
 the familiar, discomfort is understood to produce
 another valued effect: it can generate a *critical
 engagement with the world and one's position within
 it*, potentially leading to *individual and social change*.
 (131)

So the payoff, then, might be great and incredibly important. When the discomfort or fear is due to students re-seeing, revising, and re-orienting their places in the world, the experience certainly might be considered worth it. Some students exclaim how very worth it this kind of pedagogy can be. Celie Knudsen, now a UNL college student, wrote a slam poem in high school that highlights the powerful effect a writing teacher had on her. Knudsen writes: "When I am 13, a teacher *opens up my veins* for the first time. Shows me how to explode across a page, how to write with fire in my fingertips" (1; emphasis mine). Knudsen's description vividly exemplifies the impact of her writing teacher: the teacher opened her veins. This description connotes a deeply personal experience coursing at the vein level – and reads like a blood draw. Interestingly, though this experience obviously was a positive one for Knudsen, there is still violence in the example. The opening of veins is painful. If, in first-year writing classes, one

views the pedagogical choices made to encourage a new seeing of self and other as a kind of symbolic blood draw, perhaps the implications become more complicated, or, perhaps this thesis can offer another habit of mind to consider alongside these pedagogical moves.

When a teacher asks students to sustain discomfort for some abstract benefit, however crucial, explicit consent to experience that feeling is hard to find. Of course, by signing up for courses, students implicitly consent to education, but that implicit consent (syllabi, course descriptions, etc.) does not necessarily span all that might happen in a class. By pointing out considerations of consent, I am not suggesting that there is not something genuinely crucial, especially at this political moment, about student discomfort, particularly when it comes to feminist teaching of composition. I am noting, however, the similarity between what is explicitly consented to in blood draws and writing classrooms, and to the connected underbellies of that consent, noticing the small creatures that – without necessarily being seen – come along, become attached to the complicated power dynamic between teacher and student and phlebotomist and patient.

If discomfort is sometimes necessary in composition classrooms, and I am convinced that it is, I wonder about ways to stay with one's students in such discomfort. Bishop speaks to this notion of staying present through another's pain: "Mostly one has to learn to be with people, especially in the moments of discomfort that one must inflict with penetrating instruments or gazes"

(xii). Bishop's quote reminds me that writing teachers and phlebotomists might have a responsibility to acknowledge the pain they cause students and patients,

and show that acknowledgement by staying present – like maintaining eye contact before and after the draw, checking in, practicing empathy. Particularly harmful, I think, is when teachers and phlebotomists attempt to mask the discomfort, ignore it, or pretend it is not occurring. To do the difficult job of sometimes causing pain requires a full conscious awareness of the gravity and impact of one's actions. One must do the job and cause discomfort, but practice an empathetic consciousness, working to understand the emotional states and experiences of those vulnerable in one's care.

The kind of vulnerability present in blood draws is precise, and its exploration in this thesis can provide a useful lens through which to examine the vulnerability of first-year writing students. This blood draw vulnerability is a result of the phlebotomist and patient unequally positioned in institutional power, where the phlebotomist possesses a weapon and the patient does not, and the patient has to make personal, unreciprocated disclosures. The social configuration of the blood draw is anxiety producing in several ways: the anticipation of the draw; the ritualized physical preparation (applying a tourniquet, pressing into flesh to locate veins, disinfecting the elbow crook with alcohol); and the actual needle bite and removal of blood. This type of fear, especially defined by an unequal power balance with one-sided personal disclosures, can also be found in first-year composition classrooms.

Sally Chandler's article further confirms and describes how first-year writing classrooms make students nervous. Chandler's piece, like Pereira's, details student interviews about their emotions in her writing course. She writes about one student who described "his internal physical and emotional anxiety as

he contemplate[d] his [writing] responsibilities,” and she explains “even though different students noted different details of the [classroom’s] physical context, the feelings remained very much the same: fear, anxiety, and suspenseful anticipation” (56). It is mostly unsurprising that writing classes can make students uncomfortable; writing is a personal act, and being required to share and change it can make anyone feel vulnerable. But it is notable that writing students’ feelings mirror those experienced by many people getting their blood drawn; “fear, anxiety, and suspenseful anticipation” are direct parallels. Chandler’s research indicates that there are always already multiple and varied anxieties present in the first-year writing course that can be exacerbated or mitigated depending on the student, classroom, and teacher.

In her 2011 article, “Teaching and (Re) Learning the Rhetoric of Emotion,” Shari Stenberg provides more material on the value of discomfort, and introduces Megan Boler’s notion of a “pedagogy of discomfort.” Stenberg writes:

Boler advocates for a “pedagogy of discomfort,” which views the feelings of unease that arise when what Dewey calls our “habitudes”—deeply ingrained beliefs and values—are called into question, as resources for inquiry. Central to this pedagogy is self-reflexive inquiry into how our emotional investments determine what we choose to see and not see, listen and not listen to, accept or reject. This work requires, then, deliberate attention to how we have developed particular emotional investments over our life

histories and how these investments subsequently
color the lenses through which we view the world.

(361)

As Stenberg and Boler note, questioning “deeply ingrained beliefs and values” provides students, and teachers, an opportunity to *see*, perhaps for the first time, what exactly influences how they understand, read, and write the world. If one pays attention to one’s long-held “emotional investments,” it becomes more possible to track the ways one is biased via various ideological messages. By paying attention to those instinctual beliefs, by noticing them, by *not taking them to be natural, but learned*, one can practice the hard work of self-reflexivity, of re-seeing oneself and one’s relationship to others. Although this practice requires great vulnerability and often pain, self-reflexivity is a skill worthy of its demands.

One root of these precise, but related, vulnerabilities of students and blood draw patients can be thought through with the help of psychoanalyst Jacques Lacan. A significant amount of Lacan’s intellectual contributions stem from his work on the three registers or orders of “psychical subjectivity,” or, the human psyche and mental processes (Johnston). The Imaginary, the Symbolic, and the Real are mutually dependent on each other, and make up how speaking subjects exist in the world. Relevant to the purposes of this thesis, a brief description of these registers is necessary. The Imaginary is what people project outward, like imaginings, fantasies, and illusions. The Symbolic is sort of like discourse: the language that constructs and binds subjects, as well as society, culture, norms, and social rules. Lastly, and most relevant to this piece, is the Real.

The register of the Real is tricky and avoids, by its nature, simple definitions. Lacan has described the Real as “whatever is beyond, behind, or beneath phenomenal appearances accessible to the direct experiences of first-person awareness” (Johnston). In addition, the Stanford Encyclopedia of Philosophy relates it to “traumatic events, unbearable bodily intensities, anxiety, and death.” Lacan’s writings on the Real are obscure and opaque. In other words, his theorizations on the Real have an

absence of straightforwardness. But, rather than being just a barrier to grasping the Real, this absence is itself revelatory of this register. To be more precise, as that which is foreign to Imaginary-Symbolic reality—this reality is the realm containing conscious apprehension, communicable significance, and the like—the Real is intrinsically elusive, resisting by nature capture in the comprehensibly meaningful formulations of concatenations of Imaginary-Symbolic signs. It is, as Lacan stresses again and again, an “impossibility” *vis-à-vis* reality. (Johnston)

I think of the Real as that which is outside the Symbolic – outside of or before language and the social order all people exist in. The Real can never be touched or seen, but it can be traced by delimiting the Imaginary and the Symbolic. If the register of the Real is “an impossibility,” then perhaps, this register’s influence on people is felt via threats. For if we can never enter the Real or experience it fully, what this register presents is the threat of itself, threat of the Real. I argue that

the threat of the Real can be felt when there is disruption in the Symbolic – a disruption suggesting that what allows people to make sense of themselves and their world is at risk. Perhaps, for the purposes of this thesis, the Real could be thought of as dissolution, obliteration of self, or the threat thereof. With this understanding of Lacan’s registers, and particularly the Real, the related vulnerabilities of the blood draw and writing classroom can be better contextualized.

During a blood draw, the threat of the Real lurks pointedly. I argue that the reason blood draws are so nauseating, upsetting, or just *notably* uncomfortable for most people is because of what they awaken, or make known inside oneself. When someone sees or feels a needle in their vein taking blood from their body, Lacan’s Symbolic register sustains a small rupture or disturbance. The actual puncture of the vein and forced removal of blood by a small vacuum (the evacuated tube, through negative pressure, literally sucks blood from the vein), in my mind, is intimately connected with the terrifying Real, signaling one’s materiality, fragility, and future death. Seeing one’s blood, the life-sustaining force that propels our lives, reminds one that one’s body is just that, a body – an animal of flesh, bones, and blood – and will pass. This moment of jarring unconscious awareness of one’s materiality is often too much to consciously bear, and causes a visceral physical response to distance oneself from the sense of the Real. As is said, perish the thought.

I am curious about what might be made possible if first-year writing classes were thought of as another site of potential symbolic rupture. The threat of rupture occurs where writing teachers ask students to fundamentally revise the

ways they understand themselves, pushing beyond old language and past ways of knowing. Because in a sense, writing teachers are asking for a kind of dissolution so that self-reflexivity in writing may emerge. I imagine the Real in this context as the threat of unmooring, of finding oneself away from familiar ways of making sense, and from past conceptions of self. Perhaps it feels terrifying when students feel they are being asked to use, understand, and live in a new language, a new relation to self and other.

I do not mean to suggest that the Real is always at work in writing classrooms, and that by asking students to re-see themselves they will be lost forever without language. However, I am suggesting that there might be something useful in this thought experiment. Viewing students' vulnerability through the double lens of Lacan's Real and the comparison to blood draws might make writing teachers more sensitive to the reality that first-year writing classes ask a lot of students, whose fear might include the loss of who they've known themselves to be through writing.

Up to this point, I have worked to historically situate phlebotomy as a subject of inquiry, and more firmly connect its relevance to biopolitics, composition, and pedagogy. Furthermore, I have attempted to make clear the rationale for using phlebotomy as a lens through which to view the teaching of first-year writing. As well as understanding why this particular vulnerability is found in blood draws and first-year writing classrooms, two key dynamics are created in this space and need to be analyzed: aggression/cruelty, and intimacy. Because of the unequal systemic power distribution and necessarily one-sided, unreciprocated personal disclosures, the social configuration of these experiences

is ripe for the creation of messy lines of relationality. First, I interrogate phlebotomic aggression, or specifically defined cruelty found (as well as denied) in blood draws, and compare that to the pedagogical defensiveness sometimes found in first-year composition teachers (myself included).

In this analysis, I think it is critical to take an honest look at how aggression or perhaps cruelty – intentionally defined against the common, dictionary definition of intentional meanness – is masked or denied by the phlebotomist, but is always already present in the space of a blood draw. Of course, there is a firm distinction between a phlebotomist's conscious, rational understanding that the act of phlebotomy causes pain, and the unconscious terror of identifying with a torturer of sorts. If a consciousness of one's positionality and responsibility as a phlebotomist during blood draws is developed, I suspect that the aggression and subsequent power dynamics are somehow disrupted in a potentially productive way.

To substantiate my assertion that aggressiveness is always already at play in a blood draw, I want to unambiguously describe the execution of its actions, step-by-step. These steps are established through a rigid protocol, and are grounded in the discipline of the medical field, attesting to Michel Foucault's theory of how discipline controls and punishes bodies through meticulous, precise order. Examined in this intensive way, the overt aggressiveness is palpable, present and obvious, like veins enlarged from the boa like constriction of a tourniquet.

To begin a blood draw, an area of skin is sterilized with a rubbing alcohol pad. A rubber tourniquet is thoroughly constricted at four finger widths above the

crook of the elbow, and all prospective vein candidates are pushed and prodded for depth and adequacy. Then, a needle of variegated size is selected to best puncture the skin and tissue that rests on top of a vein. The needle is tunneled down, slicing through tissue until its bevel breaks into the top of the vein itself. At this point of entry, a vacuum tube is attached to the back of the needle, and the subsequent negative pressure in the evacuated tube pulls blood out of the vein, into the tube, often rushing and splattering audibly. After the tube is filled to capacity with blood, it is pulled off the back of the needle, and deposited onto a rack. A small gauze pad is held just above the needle, which is still in the vein. Then, the needle is pulled out of the vein quickly, leaving a puncture wound behind, over which the gauze is pressed with firm force. No matter the gentle intentions and delicate actions of the phlebotomist, the physical act of drawing blood is aggressive. It is an invasion, an intentional rupture, a taking.

Beyond the physical actions that are overtly aggressive, the phlebotomist's temperament, if not completely level, can dramatically influence how safe patients do or do not feel. For example, I saw a stunning example of how this aggression can play out on Facebook, on February 23rd, 2018. A friend posted a status update that read: "Note to self: avoid heated discussions with your phlebotomist about gun control, especially when they have a needle in your arm." The blunt power dynamics here are startling; while it is necessarily impossible to keep oneself and one's beliefs neutral and invisible within professional bounds, the phlebotomist in this exchange occupied a significant position of power. As they drew blood, and wielded a needle in a patient's arm, their personal feelings about gun control moved too, making the social transaction of blood draw

exceptionally threatening. Grounded in the interpersonal exchanges in the precise social environments of the blood draw and the first-year writing classroom, it is difficult for any party to keep identities, ideologies, and beliefs apart or outside. Who one is and what one believes often comes out in exchanges, whether one wants them to or not. What needs to be attended to, then, is how the emotional terrain of the room shifts when those in power use their weight, intentionally or unintentionally.

When I first interrogated aggression in the space of a blood draw, without also looking at it in first-year writing classrooms, Sigmund Freud was helpful in thinking about internalized, human aggression as simply a part of the human experience. Freud's definition of aggression, or aggressiveness, comes from his 1929 work *Civilization and Its Discontents*. In the text, Freud introduces his reckoning of (hu)man aggressiveness by explaining that

men are not gentle creatures who want to be loved, and who at the most can defend themselves if they are attacked; they are, on the contrary, creatures among *whose instinctual endowments is to be reckoned a powerful share of aggressiveness*. As a result, their neighbor is for them not only a potential helper or sexual object, but also *someone who tempts them to satisfy their aggressiveness on him*, to exploit his capacity for work without compensation, to use him sexually without his consent, to seize his possessions,

to humiliate him, *to cause him pain*, to torture and
kill him. (94-95; emphasis mine)

Freud explains that humans' instinctual aggressiveness can be engaged through causing others pain. Specifically relevant to this argument, Freud continues to describe how this aggressiveness can be embodied. He elaborates, "As a rule this cruel aggressiveness waits for some provocation or *puts itself at the service of some other purpose*, whose goal might also have been reached by milder measures" (Freud 95; emphasis mine). Without an active consciousness of the weight and gravity of blood draws, is phlebotomists' instinctual aggressiveness – what they are endowed with simply as people – engaged while drawing blood, as Freud says, "[the aggression putting] itself at the service of some other purpose?" Drawing blood is a repeated practice, enacted hundreds of times a week. Might this repetitive aggressive action of penetrating veins and removing blood trigger unconscious guilt at the trauma they cause? Since phlebotomists have a direct, daily outlet to act out their own human internalized aggression, what happens to their psyches in this process?

A feminist critique of Freud's writing might suggest that the aggression he speaks of might be in reference to war or toxic masculinity that encourages suppression of emotion, encourages violence as response to antagonism – essentially, men conditioned to be aggressive. I am curious, though, if there is some base layer of aggression in all people, while recognizing one's social conditioning of how to understand and utilize that aggression is gender-specific, as well as economically and culturally-specific. But now, it might be possible to build on Freud's ideas on aggression with a more recent critical and queer

theoretical influence. This theoretical layering of theory applies a more nuanced lens to how I understand aggression in concert with other human feelings and social experiences.

Within the space of a blood draw, as well as a writing classroom, multiple forces intersect; along with aggression, compassion, routine, and boredom, others can also be found. When the idea of aggression is expanded to include more complicated influences and dynamics, cruelty is another notion that presents itself. I am interested in the ways that aggression and cruelty resemble each other, are mistaken for each other, are different, and complementary. Considered together, yet differentiated, their pairing adds a richness and texture to this exploration.

Cruelty is commonly understood as some kind of action that causes another to suffer. This understanding of cruelty spans a wide expanse of experiences, actions, and social settings. Within that simple designation is room to unpack what the implications of unintentional cruelty are, what professions are cruel by design and not by description, what constitutes pain or suffering, and how pervasive, then, cruelty is. Maggie Nelson, a contemporary critical and queer theorist explores cruelty – and by extension, aggression – by examining the dynamics, effects, and implications of what she calls “pure cruelty.” Nelson defines “pure cruelty” not as that which is concentrated evil, ill will, or acts of malice, but rather she defines it broadly “as precision, transgression, purgation, productive unease, abjectness, radical exposure, uncanniness, unnerving frankness, acknowledged sadism and masochism, a sense of clearing or clarity” (6). I am interested in the workings of “precision,” “productive unease,” “radical

exposure,” “unnerving frankness,” and “a sense of clearing or clarity.” These arms of Nelson’s concept of “pure cruelty” seem to offer much more than simply causing others pain; it suggests that there might be something more complex occurring within cruelty – something that could be generative.

Nelson bases her definition of cruelty on painter Francis Bacon’s understanding of cruelty as a ““violent return to life” as a way to restore us, or deliver us anew, to an unalienated, unmediated flow of existence characterized by a more authentic relation to the so-called real” (Nelson 9). When one thinks of cruelty as a “violent return to life,” one could view this as a kind of jarring awareness, authenticity of experience, depth of emotion, and honest communication. The way that Nelson uses the idea of cruelty is to express more authentic moments or ideas to others, even if those ideas cause pain. Bacon’s, and Nelson’s, violent return to life is a marker of the vast space of emotion and feeling that exists within experience, within art, and I argue, within people.

At a Midwestern pharmaceutical testing medical clinic, I drew blood. The area where I usually drew was located in one section of the clinic, where people were assessed for physical fitness in the clinical tests. Once, I was asked to draw on “the floor,” which is the main wing where medical studies were actively conducted. Here, blood was drawn under time restrictions. Time restrictions meant that to meet study protocol for blood analysis, a phlebotomist must draw several tubes of blood from a patient in under one minute, and then draw a line of approximately twenty study participants one immediately after another; each one completed in less than a minute. Study protocol mandated that the blood be processed and studied at specific time points after participants took the medicine

on trial. Therefore, the speed and effectiveness (getting blood on the first stick) of the draw were paramount; nothing else really mattered. Not the patient. Not the phlebotomist. Not the blood spilled from the arms of those just drawn as the phlebotomist flew to the next patient. The clinic could afford new carpet and couches. They couldn't afford deviations in study protocol. Only the draw and the blood mattered.

My first time drawing on the floor terrified me. There were many seasoned nurses surrounding me, timing me, and generally overseeing my training in this area of the clinic. But I felt the immense pressure and expectation as the clock ticked down to my start time; my hands started to shake. I couldn't get them to stop. I began the draw with trembling hands, like a young tree in violent winds, and drew three men who were the study participants. I knew them. I had drawn them without shaking dozens of times during their application screening. And yet, as the needles were in the veins, I shook. Never in my years as a phlebotomist had I shaken like that. It was mortifying and deeply upsetting, but I needed to finish the draws. In those moments, I tried to concentrate on getting myself through the draws; at the same time, I ached for the men who had to endure my tremors. In this moment, during these draws, cruelty, aggression, and compassion meet.

This kind of dynamic assemblage indicates well the sticky, often painful meeting of intention, impact, and reality of actions done by those with institutional power to those not similarly armed. No matter the fact that I did not *mean* to cause harm to these men I knew, my actions were cruel. Those three patients, my colleagues, and I were caught together, precisely, with unnerving

clarity, all watching the experience. But as Nelson's *The Art of Cruelty* suggests, due to the nature of the fluid flexibility of cruelty, aggression, and compassion, their impacts are myriad and surprising. Nelson importantly reminds her audience:

not only do our work and words speak beyond our intentions and controls, but compassion is not always found where we presume it to be, nor is it always what we presume it to be, nor is it experienced or accessed by everyone in the same way, nor is it found in the same place in the same way over time. The same might be said of cruelty. (9)

This quote helps explain that feelings or perceptions – particularly the false binary that separates cruelty and compassion – are rarely simple, one-dimensional, or easy to locate. The nature of the form of cruelty or aggression (as well as compassion) depends on context, audience, beliefs; it is not fixed. Perhaps these tangled dynamics are like Foucault's theorizations about power. They are diffuse, tricky to pin down and operate in unexpected, untraceable ways. Perhaps they are also interchangeable.

The reasons given by writing teachers and phlebotomists for pursuing their professions often seem to be about compassion, working from an ethos of love, to help – like helping others stay healthy, screening for diseases, contributing to science, helping students think and write critically, learning to write well, etc. But the jobs of drawing blood and teaching first-year writing are often painful or uncomfortable for students. If I entertain Freud's notion that all

people have repressed, instinctual aggression, are writing teachers and phlebotomists working within that instinctual aggression? Guilt appears to accompany the delivery of painful realities or touches. Thus, when guilt is felt, justifications for their work and its aggressiveness become necessary for teachers and phlebotomists to make sense of their multifaceted impacts on patients and students. I argue that subconscious strategies work to counteract the guilt.

Sometimes I think that it is too upsetting to be *consciously* aware of one's specific, aggressive actions that cause those in a lower position of situational power trauma. I'm interested how resolution of guilt might be attempted in phlebotomists' and teachers' unconscious minds. Three particular strategies come to mind, from experience in both fields. One defense strategy is the use of a rationalizing justification. I see this rationalization work in a few ways. Its first move is defending the institutional practice. The profession or subject in question is defended in the name of the ideals each stand for – namely, health and education. Narratives such as, “I know blood draws are unpleasant, but they are necessary for medicinal progress and testing! My drawing blood helps people get better, it doesn't hurt them as much as being sick would!” are common. This line of thinking directly parallels some common justifications writing teachers use when they ask their students to work on long drafts, revise, and attempt deep inspection of identity and long held beliefs. Writing teachers ask students to risk vulnerability for the benefit of learning to write intentionally.

The other common defense tactic occurs when phlebotomists and teachers claim that they have exceptional talent that makes the general experience more bearable for students and patients. Claiming greatness as a phlebotomist removes

them from bearing the guilt of enacting repeated aggression, just as claiming pedagogical expertise or charisma attempts to mitigate guilt for discomfort students feel. Phlebotomists particularly soothe themselves with assurances of their talent, how gentle and fast they are with needles. The phlebotomist's excuse is interesting here, because they create a tangible and physical wound – no matter how talented the phlebotomist is, they are wounding another. This distancing, in my mind, helps phlebotomists transcend – falsely – the trauma and aggressiveness of blood draws. It is almost standard practice to tell and hear stories such as, “I’m one of the great phlebotomists; you won’t be able to feel a thing.” This rhetorical move is critical to examine because the aforementioned great phlebotomist's talent is not in eliminating pain, nor is it eliminating the puncture. This message of talent lies in *almost* convincing the one being drawn that nothing is happening. Their skill is in masking the aggression, not removing it. This mentality persuades phlebotomists that the inherent aggressiveness and traumatic power dynamics of a blood draw do not really apply to them. But still, the phlebotomist is puncturing, rupturing. The phlebotomist continues to enact aggression.

I find it is often helpful to use the body as a metaphor, beyond veins and blood, for most topics of analysis. When I think of the small traumas that writing teachers might cause when they work to change a student's writing – which, as Sally Chandler points out, implies a necessary call for self-revision – I make sense of them in terms of muscle. When a person wants to build muscle, the old muscle tissue needs to be ripped; it needs to undergo small tears that erupt in the muscle from exertion. And only from these tears can newer, stronger muscle take its

place. *The tears cause the new muscle.* Trauma engenders growth. Even when the result of the trauma is positive and necessary, I contend that one needs to attend to the trauma, to the tear itself. Because just being a good writing teacher or phlebotomist does not change the reality of the painful, uncomfortable social experience.

Of course, it is important to note that there are well-seasoned and skilled phlebotomists and pedagogically responsible and thoughtful writing teachers. Phlebotomy's metaphorical comparison to teaching here is especially useful. There is an obvious difference between a phlebotomist in training, moving the needle into the patient's arm slowly and awkwardly, and a phlebotomist with several thousand draws under her belt who is quicker, more confident, and rarely misses the vein. Quicker draws are, in most cases, less painful. Even though the inherently aggressive and disciplined sequence of actions to a blood draw do not change, moving in these socially loaded spaces with consciousness and confidence is significant. The inherent aggression of blood draws and writing classrooms is still at work, no matter who holds the metaphoric or literal needle. But teaching thoughtfully and developing positive relationships with students do make a difference in how students experience the writing class. The social setting, the systemic power differentials are consistent. But how the aggression moves, shifts, is exacerbated, like Nelson's writing about compassion and cruelty, is up for grabs.

A third strategy for unconsciously dealing with guilt is displacement. I think phlebotomists and teachers of all calibers might utilize this tactic most frequently. Displacement works here by shifting the blame of a bad draw, or even

simply an average blood draw, onto the patient. These narratives progress as follows, “Well, he [the drawn] just had terrible veins. That’s why I couldn’t successfully draw him.” “He was dehydrated.” “He fidgeted.” This line of displacement in teaching writing may sound like, “This student had a terrible attitude, so I couldn’t teach him,” and “My students are drones who don’t think for themselves and want me to tell them what to do. They won’t think critically.” Any reason that can act as a vehicle for blame of the unsuccessful class period or blood draw is acceptable. Stories like these make rough or uncomfortable classes and draws more bearable for phlebotomists and teachers, suggesting that the student or patient is the one at fault for any pain experienced.

The relationship between student and teacher, as well as patient and phlebotomist is one precisely positioned in institutional power. I do not think it is possible to say that these interactions are just common social occurrences between two people; the systemic power differential makes the relation exceptionally more complicated. This particular kind of regulatory power is important to interrogate. Granted by virtue of the regulation and protocol that situate blood draws and the authority conferred upon the phlebotomist, a distinctive bond is created between the body punishing (the phlebotomist), and the one punished (the patient; the one who ends up with a needle in their body). These dynamics, plus the concealed location in which blood draws occur imbues the draw with overwhelming power. In *Discipline and Punish*, Foucault explains the concept of disciplining by describing the regulatory and watchful functions within prisons:

The training of behavior by a full time-table, the acquisition of habits, *the constraints of the body imply a very special relation between the individual who is punished and the individual who punishes him*. It is a relation that not only renders the dimension of the spectacle useless: it excludes it ...

The agent of punishment must exercise a total power, which no third party can disturb; the individual to be corrected must be entirely enveloped in the power that is being exercised over him. Secrecy is imperative, and so too is autonomy, at least in relation to this technique of punishment: it must have its own functioning, its own rules, its own techniques, its own knowledge; it must fix its own norms, decide its own results. (129)

This passage reads as highly applicable to the practice and training protocols of phlebotomy. In most hospital and clinic settings, blood draws happen in concealed rooms. The only times another person is included in the blood draw are (1) when a phlebotomist has not yet completed their job training, (2) when a phlebotomist is unable to enter a vein successfully and needs another phlebotomist to try, or (3) when a child is being drawn and needs to be held by their parent or guardian. Still, in all of these contexts, the rituals, protocols, and the agency of the phlebotomist is self-containing. Outsiders, in the majority of cases, are not present during blood draws, and when they are, the phlebotomist is

still in control, and has no need to explain actions or decisions made. The one being drawn often does not have any voice in what happens. Interestingly, the most common reason that a patient would speak up would be to inform the phlebotomist of which arm or vein they would prefer to be drawn from. Some phlebotomists resent being directed by their patients. Others, fortunately, see the great value in listening to the past experiences and preferences of their patients. Still though, the experience is isolating, private, and imbued with the power of the medical institution at large, and the power of the personal disclosure: the actual blood transaction.

Within schools, this disciplinary function is also in motion, regulating students and teachers alike. One can trace parallels from the way that some teachers do not see their students as contributors of knowledge, or as people that have experiences and knowledges that the teacher does not. Further, classrooms, beyond mentor visits and observations, are fairly private domains, where teachers are mostly left to their own pedagogical devices. Particularly relevant is this section of Foucault's passage quoted above: "it must have its own functioning, its own rules, its own techniques, its own knowledge; it must fix its own norms, decide its own results" (129). This, in my mind, is another way of saying that the institution – the school, the clinic – must be self-containing; there must be a system of internally decided regulation and order that protects the institution from scrutiny. Bishop speaks about this hidden, private aspect of the medical (and educational) institution that protects its internal operation and function:

Our culture is more than willing to accept these
 medical practices that are subtly laden with power
 than in other contexts would be unsettling... Why?
 Because they are done with good intention and in a
 proper social and political context. (15)

The proper setting and rationale for behavior – getting an education, addressing one’s health – mask the troubling practices that occur in these spaces. As Bishop point out, if these disciplinary tactics were used elsewhere, where persuasive justifications were not deployed, alarms would be raised.

Prisons, hospitals, schools, and clinics are regulated, disciplined, and act as outlets for orders, biopolitical, neoliberal, and otherwise. Furthermore, they are places where aggression and transgression occur by those with institutional power over those who are institutionally vulnerable. Key to this is that the medical and educational institutions often protect the ones in control, the ones transgressing and aggressing. The ones supported by institutional power are also protected through the mechanism of discipline itself, its tidy efficacy. Its defenses are often impenetrable and opaque. Like the panopticon, those in power are able to observe without really being *seen* as anything other than the educational, medical or rehabilitative helper – they shed their individuality, guarded by the institution, and are able to work (and punish) in its name, and with its tools of order and of regulation, even if they do not consciously see themselves that way.

Foucault’s writing on the will of the power to punish is particularly useful here. He writes that “the emergence of the prison marks the institutionalization of the power to punish, or, to be more precise: will the power to punish...” (130).

Phlebotomy, as a regulated medical space, as well as education, particularly the first-year writing classroom, might be locations where the will of the power to punish also rears its head. Then, here, Freud's analysis of the inherent aggression in each person meets Foucault's will of the power to punish. Humans' inherent aggression can be embodied through punishing another. But perhaps one does not need to take this as true, but rather consider this as a possibility. If schools hold the will of the power to punish, what might be possible when teachers are aware of this dynamic so that it is not enacted in their classes? And in addition to these dynamics, what else is at work in the blood draw and writing classroom?

Beyond the potential for aggression and cruelty in a first-year writing classroom and blood draw, intimacy is created in these shared social spaces. Intimacy is another complex social dynamic that is slippery, like power, and like aggression, cruelty, compassion. The writing classroom and the blood draw are fertile grounds for intimacy to grow – due to the situated power dynamics, the nature of the personal disclosures, and particularly the politics of embodiment. Embodiment refers to the politics of people having bodies that are socially defined and contextualized in relation with other bodies that are also inscribed with meaning. According to Stacey Waite's definition, embodiment

Moves... in accordance with inscription (which might be understood as what is "written on" or inscribed upon the body, a kind of labeling that implies meaning); with technology, as it changes what can be known and done about bodies; and lastly with ideology, which tells us what bodies mean. (35)

In “Embodied Classrooms, Embodied Knowledges: Re-Thinking the Mind/Body Split,” Shari Stenberg writes that there is value in embodied “pedagogies that take into account the body as a material, lived site of political struggle” (44).

Responding to the neoliberal era of education, Stenberg continues to explain the importance of the embodied, local dynamics in the writing classroom. In the 2016 book, *Composition in the Age of Austerity*, Stenberg writes “in a time when neoliberal discourses fetishize standardization and deny local contexts, it is crucial that we emphasize...embodiment, social spaces...and the relations that animate them” (195). By unpacking with students the reality that we are not simply minds that meet in a classroom a few times a week, a kind of awareness of physicality becomes possible, where students can examine how certain types of bodies are classified, observed, regulated, punished, welcomed, discouraged, critiqued, etc. based on the specific social meaning ascribed to them. When considering the politics of embodiment in the writing classroom or blood draw, it becomes imperative to also consider the politics of emotion, housed and produced in the body, felt in the body. Emotion in the first-year writing classroom is certainly palpable, and I assert that it is *bound up in and influenced by* the specific social positioning and landscape the first-year writing classroom produces.

When thinking about the emotion and intimacy that exist in a writing classroom and a blood draw, queer theory is essential. Providing a useful definition of intimacy as a force, queer theorist Lauren Berlant explains that “intimacy builds worlds; it creates spaces and usurps places meant for other kinds of relation” (282). In other words, it’s messy. And by first examining the

intimacy created in a blood draw, one is potentially better able to consider the intimacy created within a first-year writing classroom. Through this lens, then, intimacy in the space of a blood draw is a kind of excess. It exceeds the conventional dynamics through which one forms attachment to another. Berlant suggests that intimacy perhaps emerges “from much more mobile processes of attachment,” and continues that “while the fantasies associated with intimacy usually end up occupying the space of convention... it is a kind of wild thing that is not necessarily organized that way, or any way. It can be portable... a drive that creates spaces” (284). The kind of intimacy to which I am referring is full-bodied, unpredictable, and mobile. Its presence goes beyond, outside of, in excess of convention. And it is born in a personal disclosure of intimacy — blood and writing.

To pluralize and specify, as Eve Kosofsky Sedgwick’s *Epistemology of the Closet* advises, it seems important to be precise when defining the intimacy of a blood draw. The intimacy in a blood draw differs vastly from socially legible intimacy within a couple or a family, and because of that, is worthy of investigation because of its queer lines of relationality. Philosopher Candace Vogler explains the usual course of socially legible intimacy:

We let another within the boundaries... marked by
clothing and by full self-control and monitoring.

Through the layers of public defenses and faces,
another is admitted to see a more vulnerable... you.

(333)

Vogler's definition of commonplace intimacy implies consent between people, a willingness to engage in mutual vulnerability. Can the intimacy created by a blood draw be called consensual? Do the phlebotomist and the patient want there to be any intimacy at all? If not the legible sort of intimacy, what kind of intimacy is created when our "boundaries marked by clothing" are rolled up like a sleeve in order to draw blood? "Full self-control" does not seem possible when another manipulates a sharp object in one's body. Given these considerations, when I say that intimacy is created in the space of a blood draw, I do not mean that each party is actively attempting to make intimate contact with the other. I mean that two people positioned unequally in power enter a specific emotional landscape, without warning.

In a first-year writing classroom, a fascinating kind of intimacy is born – one that is bounded, but different still from the intimacy found with a couple or a family. The politics of embodiment – as students and teachers are not just brains existing next to each other in a classroom, our bodies simultaneously create and define the experience and perception of the shared classroom space – and emotion in a writing classroom speak to and heighten this intimacy produced by all actors within the social space. This intimacy is also not guaranteed, nor is it permanent or unchanging. Furthermore, the specific nature of intimacy between students and their writing teacher is locally defined; in other words, it changes from classroom to classroom.

Whereas the experience of hearing, seeing, and feeling one's blood be pulled out of one's body is no small matter, neither is the experience of producing writing at the request of another in power, and having it read, with comments

and suggestions for revision. One is intimately met in the sharing of this personal transaction. These similar moments of being seen in full vulnerability is an embodied, visceral experience. One can feel this type of vulnerability as nerves in their stomach, as cheeks flush, as heartbeat quickens. Beyond the vulnerability produced by this type of disclosure, the phlebotomist or teacher controls most of the procedure. During the draw, while responding to writing, the student and patient wait in the hands of another, hoping to be taken care of, and not hurt.

Furthermore, the intimacy engendered through these disclosures is even more complicated because it is often unreciprocated. The patient does not get to draw the phlebotomist, after all, nor does the student grade the teacher's writing. Because of these dynamics, thickly complicated emotions present themselves on both sides. Therefore, in a writing classroom, this intricate power relation is significant. As Sally Chandler reminds me, receiving feedback on writing is experienced internally as feedback on the writer's own self, and any areas for revision are read as areas for self-revision. Much is at stake.

There is a sort of distanced exploration that occurs between students and teacher in classrooms. As people with bodies, a visual understanding of how everyone exists in the world is present in the space. Because the teacher is singled out during every class period, whether they chose to sit with the students or stand at the front, the politics of embodiment, particularly for a female professor are significant. What are the implications for the teacher, that they are seen every class period in a way that is different than anyone else in the room? What are the effects of the teacher's body becoming a text, a location for student assumptions, fears, curiosities, and more? How is a queer body read in this space? As Stacey

Waite writes in “Becoming the Loon: Performance Pedagogy and Female Masculinity”: “Our bodies are always with us. We cannot, as it were, teach without them... The body that betrays “professional boundaries” by not being invisible is a body that must be reckoned with as a text,” and she continues that when bodies marked with difference are present (as I wonder if they always already are):

The “noise of difference” occurs when bodies are
different from each other and often rings loudly in
classrooms—between students, between our
performances to and for one another, between their
gendered embodiment and my own—such a curious,
cacophonous, seductive, beautiful and tragic noise. (6)

These sounds, noises, and experiences of bodies in a classroom, particularly queered bodies, help me consider what the impacts of such an assemblage are. When the noise of difference is heard and felt, as well as emotions created by the personal disclosure of writing, how does one hold it all? Is there a legible social space for the teacher and student, the phlebotomist and the patient to hold the queer intimacy – an intricate mess of fear, responsibility, care – created between them? “What happens to the energy of attachment when it has no designated place? To the glances, gestures, encounters, collaborations, or fantasies that have no canon?” (Berlant 285). Where can this “energy of attachment” go?

Perhaps there are traces of contact, traces of the noise of difference that are akin to what can be spotted in blood draws. In the back rooms of medical clinics, where the draws take place, queer intimacy makes itself known, and

bubbles up in small moments of vulnerability: the phlebotomist tenderly cleaning a patient's elbow crook with an alcohol wipe; rebandaging a patient who has bled through their gauze; the phlebotomist trembling as they slide the needle into the patient's vein; a patient making eye contact with the phlebotomist throughout the whole draw. What happens when teachers and students (perhaps separately) reflect on the intimacies or emotions created within their classrooms? When intimacy is born and felt in a classroom, what feelings or emotions are held by those more vulnerably positioned? It becomes critically important to distinguish the varying levels of intimacy that can come about, from small moments of empathetic connection to the transgressive and inappropriate.

There are few places beyond the classroom and blood draw where the assemblage of the social dynamics is more prevalent, or boundaries are more critical. When someone is vulnerable – like a student reading their graded writing, a patient being drawn – the responsibility of the ones in power is paramount. Transgression in this space – regardless of the forces that produce or attempt to excuse such action – can be traumatic, on multiple levels. The relations that exist in such an intimate, important place must be guided by an ethics of care and responsibility by those supported and produced by institutional power.

After these exchanges, the socio-medical transaction of a blood draw, the paper handed back, feedback written, and the grade decided, what do the vulnerable have to bear? What is the residue of charged trauma? There is a physical reminder, of course, left in the crook of a patient's arm. The puncture site, a small wound, marks the body. Those scars are proof of the intimate

exchange – that something strange and real did occur here – like papers with comments, educational transcripts. But how are the emotions, the memories held?

I think it is valuable to explore the multiple social experiences that are possible within the spaces of a blood draw and writing classroom, particularly the moments where tensions are high or pedagogical attempts are unsuccessful. A visceral example is when the phlebotomist cannot hit the patient's vein. Eve Kosofsky Sedgwick wrote poignantly about getting her blood drawn – and about the strange mix of emotions that come – in a 1998 article entitled “A dialogue on love.” This work is significantly useful for this thesis in that it centers the experience of the vulnerable, the drawn; it opens a window for the reader to see into that specific vulnerability and feeling of helplessness, and asks the reader to attend to it.

In this piece, Sedgwick worries about her bad veins, and the phlebotomist “plays darts” in her arm for awhile. As she almost faints from the unsuccessful sticks that drew no blood, the nurse takes her to a recovery room, “a long dim dormitory-like room, with beds on both sides ... ” (629). Here they sit with each other, bound up in the queer, asymmetrical intimacy of needing to take and needing to give up blood:

And she made me lie down, and she sat on the chair
next to the bed. I could feel every pulse of her
impatience. There was some rustling somewhere else
in the room. Eventually my own heartbeats let go their
grip of me, and I realized that someone was crying,

trying hard not to be audible. Silent sobs, near-silent muted hiccups. Somebody else somewhere was whispering. I could almost make out words.

I could hear the moment when the nurse relaxed. When she realized that she'd never get blood out of me unless she could step away from the assembly line of her own temporality and simply stop. She silently put her hand over my hand on the bed.

I realized something, too. I had to stop hating her enough to give her the blood. Or it would all never end. I closed my eyes, withdrew my attention, tried to relax every muscle, tried to float freely away on the childish sensation of 'white bed'...

From her touch I could tell, now, that she meant to help me do it. (629; emphasis mine)

This excerpt highlights the palpable and visceral emotions that move between phlebotomist and patient / teacher and student. The frustration and wish for a quicker conclusion can be felt, I think, by both teachers and phlebotomists. What is also present, though, is a kind of recognition of vulnerability and responsibility. By rushing a student or patient, by expecting a fast, transactional experience with the other, care is removed from the situation. And an ethics of care is what,

eventually, allows Sedgwick and her nurse to move out of the space of tension and pain – a recognition of vulnerability and responsibility. This ethics can be better thought through with Audre Lorde’s work on the erotic.

Audre Lorde’s “Uses of the Erotic: The Erotic as Power” makes visible the potential of an ethics of careful consciousness that surrounds intimacy in blood draws and writing classrooms. Lorde’s notion of the erotic – precisely defined! – gives language to what can be possible when consciousness in these relations is engaged. Lorde describes the erotic as “not a question of only what we do; it is a question of how acutely and fully we can feel in the doing... within the celebration of the erotic in all our endeavors, my work becomes a conscious decision” (206). Lorde’s definition of the erotic and its application here should not be mistaken to mean sexual erotics, but rather as a kind of intuition, a connection with intuitive self-knowing. If we utilize Lorde’s definition of the erotic, it lends itself well to the kind of attention I am advocating for in drawing blood and teaching writing. The fundamental question she poses is one that needs to be asked: “how acutely and fully [can one] feel in the doing?” In the work that is hard and full and vulnerable, how can one best feel with others the impacts of one’s doing?

It would be a mistake to attempt to excise emotions from the spaces of a writing classroom or a blood draw. That would be to deny one’s conscious understanding of the situation, and pretend that one’s experiences can be separated from emotion or be disembodied. As Stenberg asserts “when emotion, once locked away in the private realm, is reconceived as social, it emerges as a potentially forceful rhetoric for fostering collective experience and action” (350). What might be made possible in a writing classroom if emotion was

acknowledged and used as a rhetorical tool for student writing; what kinds of authentic understanding could be discovered if emotion was explicitly valued? For if one denies and ignores the emotion created in these socially loaded spaces, “[one is] more likely to abide by reductive binaries and black-and-white solutions and therefore to avoid the ambiguity and discomfort that accompanies genuine inquiry into emotional investments” (Stenberg 350). And as Stenberg, Boler, Pereira, and Chandler know, ambiguity and discomfort can be useful in developing self-reflexivity, and perhaps even more useful when those feelings are attended to as necessary parts of the learning.

Lorde’s defining of the erotic is particularly generative when considering that teaching writing and drawing blood are pursuits that necessitate a deep sharing with another person. Lorde explains:

The erotic functions for me in several ways, and the first is in providing the power which comes from sharing deeply any pursuit with another person. The sharing... forms a bridge between the sharers which can be the basis for understanding much of what is not shared between them, and lessens the threat of their difference. (207)

When one acknowledges a shared experience with another person, the difference and fear between them lessen, and a greater, more caring ethics of vulnerability can be enacted. When those in power thoughtfully examine these relations and power dynamics, an ethics of care, an ethics of consciousness, enables responsibility. Lorde writes, “Our erotic knowledge empowers us, becomes a lens

through which we scrutinize all aspects of our existence, forcing us to evaluate those aspects honestly in terms of their relative meaning within our lives. And this is a grave responsibility...” (208).

There are many ways to draw blood, to teach writing, to meet another on a personal level – and in many of those ways it is easy to act without consciousness, to draw or teach on autopilot. But by engaging Lorde’s definition of the erotic to intuitively question and understand the emotions felt in these pursuits, a new honesty might be gained that fosters responsibility and witnesses what happens without pretense. When the personal and the intimate is acknowledged internally, it is more possible to better hold the vulnerable. As Lorde writes, this can be empowering. Once one begins the examination of how one, like a phlebotomist, is exquisitely positioned with students in vulnerability, one is more able to hold the responsibility, and hold well.

My chief attempt in this thesis is to work through an ethics of care and consciousness. I think that once the actor in power is conscious of the intense dynamics that exist both in the first-year writing classroom and the blood draw, and acknowledges one’s part in pain, growth, and connection, the shared space might become more authentic. Bringing consciousness to a difficult job helps avoid reducing the experience or lessening its significance to those with situational power and their students or patients. What I have discovered (consciously) throughout this investigation is that there is terror in the first-year writing classroom, as well as phlebotomy. Both actors in this social configuration, teacher or phlebotomist and student or patient, experience the terror of repeated threats with the Real. The teacher/phlebotomist is terrified for the pain they

could cause, and the lifelong trauma that a bad draw, a bad class can engender. The teacher/phlebotomist is also terrified, I believe, because they do not want to seriously think of themselves as causing trauma, imagined or otherwise. They are terrified of the responsibility held to everyone they teach or draw: they have to bear the anxiety of causing trauma, and the anxiety of being traumatized themselves by causing trauma. Having to hold the social space (in a way that students and patients do not) of blood draw or writing classroom – that sometimes can move into uncontrollable terrain – while holding one's own anxiety, but remaining (or pretending to be) calm is heavy work. I think it is easy to see why so many defense mechanisms are called into action.

Furthermore, what I have learned in this investigation is that the fear of the phlebotomist is indeed the fear of the teacher. The teacher/phlebotomist has to make small, strategic, often invisible choices all throughout their work- making cuts or punctures, adjustments, reacting based on what situation presents itself. The teacher/phlebotomist sets up and positions the subject for discomfort to get whatever benefits or lessons were pedagogically planned. Note, too, this language of transaction: benefits accrue to those who submit to the pain or discomfort (like health) and benefits (grades) accrue to those who submit to our teaching.

I also wager that the dynamics between the teacher or phlebotomist and the student or patient could be fruitful, and could rewrite and revise past trauma for a better experience. An ethics of consciousness, of careful consideration can make a difference.

Through these examples of genuine and diverse feeling, I believe that there can be authenticity in the space of a blood draw and a first-year writing classroom.

There can be kindness, comfort, and connection at the same time there is aggression, unequal distribution of power, and anxiety.

The call of this thesis is to teachers; I feel it is important to acknowledge the impacts one's actions have on students; it is important to acknowledge one's hands shaking, and perhaps, doing violence. If one tries this, if one considers one's teaching of writing as something as intimate and aggressive as drawing blood, I wonder how that mindset might allow more conscious and intentional movement. Then, by paying close attention to the palpable dynamics within one's own writing classroom, it might be possible make more space, to break open and disrupt the troubling implications of teaching writing without attention to these complex dynamics.

So how can consciousness intervene? How can phlebotomists work toward bettering the space of a blood draw for patients? How can writing teachers continue to consider pedagogical practices and personas for students? A particularly useful intervention comes from queer theory. Queer theory often shows unforeseen potential for sideways, unmapped movement. Sue Ellen Case's 1988 article, "Towards A Butch-Femme Aesthetic," demonstrates how consciousness disrupts problematics of essentialized notions of being. While Case's article focuses on gender, I engage her approach for teacher/phlebotomists. Essentially, Case works within Judith Butler's definition of gender as repeatable stylized action, but with consciousness. She essentially argues for a new feminist subject position, outside of the essentializing female subject position. This feminist subject position has agency and playfulness outside of prescriptive gendered lines. Case argues that the butch-femme couple

best exemplifies this feminist subject position in that they see the workings of essentialized notions of gender and sexuality, and reconfigure those relations with consciousness. Case's argument for the butch-femme aesthetic, and its applicability here, is summed up well in this passage,

the butch-femme couple can, through their own agency, move through a field of symbols, like tiptoeing through two lips (as Irigaray would have us believe), playfully inhabiting the camp space of irony and wit, free from biological determinism, elitist essentialism, and the heterosexist cleavage of sexual difference. Surely, here is a couple the feminist subject might perceive as useful to join. (71)

The specific, subversive practices of a butch-femme couple allows great freedom in deciding what actions, stereotypes, illusions, masks to pursue, try on, adapt, cast aside. In considering how this relates to teaching writing or phlebotomy, I argue that both the writing teacher and the phlebotomist can move through classes and draws with heightened consciousness. They can recognize the power dynamics at work, and try to poke at them. They can try different strategies to comfort those in their care, discard them if they are ineffective, and try another. For example, one can talk to one's patients or students. Ask how they feel, if they are nervous. Ask which arm they would prefer to be drawn from. Ask whether or not they would like to be spoken to during the draw. Ask if the student feels comfortable talking in class, or prefers other forms of participation. Ask what their histories of writing are. Ask if they have had good experiences in writing

classes up until this point. Ask if writing is frightening. Ask if there is any particularly way the student like to get feedback on their writing. The teacher/phlebotomist can try to *see* the student/patient, and can empathize with their vulnerability. The phlebotomist can explain how they understand that no one likes to get their blood drawn, not even you, the phlebotomist. The writing teacher can explain how it is still scary to have other people read and critique their writing. The teacher/phlebotomist can be kind. This following passage connects appositely to phlebotomy. Case writes,

the performance practice, both on and off the stage,
may be studied as that of a feminist subject, both
inside and outside ideology, with the power to self-
determine her role and her conditions on the
micropolitical level. (56)

When considering the teacher/phlebotomist as a decentered, feminist subject, they might be better able to see the dynamics at play, and not be seduced or hoodwinked by them. It may not be possible to overthrow the aggression and power imbalance that exist in the space of a blood draw or a writing classroom. *But it is possible to work within and against something harmful.* The position-conscious teacher/phlebotomist can “self-determine her role and her conditions on the micropolitical [and individual patient] level.”

A pedagogy of consciousness necessarily involves an embodied practice of listening, feeling, sensing, hearing. It involves paying close attention. And it might take its cue from an especially perspicacious scientist. *Available Means: An Anthology of Women's Rhetoric(s)*, showcases an excerpt from Evelyn Fox

Keller's book, *A Feeling for the Organism*. In it, Fox Keller studies Barbara McClintock, a biological scientist vastly successful by nontraditional, non-Western forms of scientific inquiry, specifically, paying great attention to her subjects. McClintock lived her practice of embodied attention, using nontraditional research means to learn more about the organisms she studied. Fox Keller traces McClintock's practice of "rigorous, attentive observation and the capacity to delight and learn from surprising outcomes—to listen to the organism" (323). To me, this is a call to pay exceptional attention to what is at play in our writing classrooms. Like Fox Keller and McClintock, I believe writing teachers do better, respond to students' writing and speech better when they are able to be surprised; when their close attention helps them to not underestimate their students. Fox Keller's work on Barbara McClintock reminds me to be conscious of the fleetingness of the dynamics assembled in these spaces, and of the vast life and history of each student.

If I may relate this back to the blood draw, one last time, Jeffrey P. Bishop, the author of *The Anticipatory Corpse* of which I spoke about earlier, also addresses the value in embodied practice of one's profession. He writes about a master clinician, but his point is significantly applicable to the writing teacher and phlebotomist:

The master clinician, by virtue of her embodied learning, which is a part of the history of her own body, is able to tap out of the liver margin and to discern the resounding tonal differences in the percussed notes, allowing her to distinguish between

the liver and lung and bowel; *she learns to know by the texture, firmness, and softness of what which she seeks...* The moment of diagnostic insight, when it all comes together, is unforgettable to her, when she touches, taps, listens, even smells, and then knows, without literally seeing and in a non-scientific way, what must lurk beneath the surface. *Her know-how is itself embodied...* (289; emphasis mine)

Perhaps the way one learns to teach in a writing classroom is similarly embodied; when one listens to the sighs and scuffs of feet or the pause of anticipation before a new activity is embarked on or the kind of eye contact made when students are confused versus tired. This kind of close attention; this embodied living and teaching is how I define my ethics of responsible, careful consciousness.

Being a phlebotomist reminds me that I am not asked to be vulnerable the way my students are – they don't grade my papers – like my patients didn't draw my blood. It reminds me of the positional differences between my students and I. My work in this thesis has helped me explore how I can better attend to my students' restructuring of self that occurs during a first-year writing class and in their freshman year of college. I wonder if they feel the Lacanian threat of dissolution, or sense that something personal is at stake in my first-year writing classroom. And it is my responsibility, I think, to pay attention to the ways they do or do not feel comfortable with my writing instruction. Perhaps if I again think of Lacan's Real I might be able to understand how my students, these freshmen people, are moving through life at this time. Beyond being in a first-year writing

classroom, they are located in a tumultuous time of change. Certainly they are not without agency or power, but they are vulnerable nonetheless. It might be generative if writing teachers could choose to see their students as beginning a necessary re-assembly, attempting to make new sense of a world intellectually and emotionally; perhaps it would be useful if writing teachers imagined their students as patients waiting for their blood draw. Perhaps writing teachers can responsibly and thoughtfully attend to students' revision, within and beyond their words on a page.

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